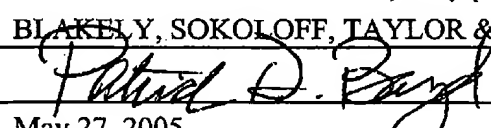



FACSIMILE: (503) 439-6073

PAGE 1/8 \* RCVD AT 5/27/2005 8:41:02 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/0 \* DNIS:8729306 \* CSID:503 684 3245 \* DURATION (mm-ss):03-26

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	09/815,497
		Filing Date	March 22, 2001
		First Named Inventor	Garry C. Binder
		Art Unit	2157
		Examiner Name	Hussein A. El Chanti
Total Number of Pages in This Submission	8	Attorney Docket Number	42390P11284

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Facsimile Cover Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Patrick D. Boyd, Reg. No. 54,671 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 27, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Rachael L. Brown		
Signature		Date	May 27, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 08/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL  
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	09/815,497
Filing Date	March 22, 2001
First Named Inventor	Garry C. Binder
Examiner Name	Hussein A. El Chanti
Art Unit	2157
Attorney Docket No.	42390P11284

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
20	20*	0	\$0.00
Independent Claims	4*	0	\$0.00
Multiple Dependent			

**Large Entity****Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202		2202		Claims in excess of 20
1201		2201		Independent claims in excess of 3
1203		2203		Multiple Dependent claim, if not paid
1204		2204		**Reissue independent claims over original patent
1205		2205		**Reissue claims in excess of 20 and over original patent

\*or number previously paid, if greater. For Reissues, see below

SUBTOTAL (1) (\$) 0.00

**2. ADDITIONAL FEES****Large Entity****Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051		2051		Surcharge - late filing fee or oath
1052		2052		Surcharge - late provisional filing fee or cover sheet.
2053		2053		Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,580	2254	795	Extension for reply within fourth month
1255	2,180	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

**SUBMITTED BY**Name (Print/Type) **Patrick D. Boyd**Registration No.  
(Attorney/Agent)**54,671**

Telephone

**(503) 439-8778**

Signature

Date

**05/27/05**

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL  
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	09/815,497
Filing Date	March 22, 2001
First Named Inventor	Garry C. Binder
Examiner Name	Hussein A. El Chanti
Art Unit	2157
Attorney Docket No.	42390P11284

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

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under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
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Independent Claims	4	0	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
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SUBTOTAL (1) (\$) 0.00

\*\*or number previously paid, if greater. For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051		2051		Surcharge - late filing fee or oath	
1052		2052		Surcharge - late provisional filing fee or cover sheet	
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1808	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(e))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify)

SUBTOTAL (2)

(\$)

**SUBMITTED BY**

Name (Print/Type) Patrick D. Boyd

Registration No. (Attorney/Agent)

54,671

**Complete (if applicable)**

Telephone

(503) 439-8778

Signature

Date

05/27/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Docket No. 42390P11284

Application Serial No. 09/815,497

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAY 27 2005

In re Application of:

Gary C. Binder

Serial No.: 09/815,497

Filed: March 22, 2001

For: An Apparatus and Method  
For Asymmetric Electronic  
Commerce Transactions

Attorney Docket No.: 42390P11284

Examiner: Hussein A El Chanti

Group Art Unit: 2157

**RESPONSE UNDER 37 C.F.R. §1.116  
EXPEDITED PROCEDURE  
TECHNOLOGY CENTER 2100****Mail Stop AF**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Examiner,

In response to the Office Action mailed April 27, 2005, applicant respectfully requests that the above identified application be reconsidered in light of the arguments presented herein.